Health Priority: Social and Economic Factors the Influence Health
Objective 2: Social Connectedness and Cultural Competence

Long term (2010) Subcommittee Outcome Objective : By 2010, increase by 50% the level of social connectedness and cultural competence in community and service settings.

INPUTS	OUTPUTS		OUTCOMES – IMPACT		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Academic and professional staff and community-based resources to research and disseminate information.

US Centers for Disease Control and Prevention, Department of Health and Family Services, academic, other state and local experts, and community advisors to design and evaluate questions for a statewide surveys on racial climate and cultural competence.

Department of Health and Family Services Affirmative Action/Civil Rights Compliance Office staff and community consultants to provide training, technical assistance, and enforcement of culturally and linguistically appropriate standards and guidelines.

Local health departments, tribes, health organizations, and other community partners to complete self-assessments and promote culturally competent workforce and services. | Review research and model initiatives regarding social climate and cultural competency.

Develop questions and conduct statewide surveys.

Conduct educational workshops and technical assistance.

Complete organizational self-assessments of cultural and linguistic competence.

Identify funding sources for public information campaign to promote social cohesion, improved racial climate, and cultural competence.

Identify funding sources for community dialogues and local programs.

Publicize and support community strategies that have proven effective in improving racial/ethnic climate. | Civic and community-based organizations

Appointed and natural leaders from diverse communities.

State health information, public health, academic staff, service providers, and community advisors.

Department of Health and Family Services Affirmative Action/Civil Rights Compliance Office

Social service agencies and organizations

Aging Units in local and state government

Policymakers

Community residents

Private and Non Profit Agencies and Organizations | The State of Wisconsin, in partnership with local communities, tribes, and health and social service systems will design questions and conduct pilot surveys of perceived racial/ethnic climate and cultural and linguistic for inclusion on the statewide Family Health and/or Behavioral Risk Factor surveys.

The Department of Health and Family Services, Affirmative Action/Civil Rights Compliance Office, partner agencies, and communities will promote organizational self-assessment surveys of cultural and linguistic competence in health and social service settings.

The Department of Health and Family Services, Affirmative Action/Civil Rights Compliance Office, and partner agencies will provide ongoing education and | Conduct a public information campaign to educate high-level decision-makers, community leaders, and the public about the benefits of a cohesive social environment, improved social relations, and positive racial/ethnic climate on the improved health of communities.

The Department of Health and Family Services, Bureau of Health Information, in partnership with the University of Wisconsin and local jurisdictions, will conduct and report results of a statewide baseline survey to measure perceived racial/ethnic climate in communities.

The State of Wisconsin, in partnership with the WI Primary Health Care Association and the WI Health and Hospital Association, will conduct and report results of a statewide baseline survey | Ensure ongoing evaluation and dissemination of information on successful programs and interventions to improve racial/ethnic climate in communities and cultural and linguistic competence in public service settings.

Ensure sustainable resources and funding for community initiatives that improve racial/ethnic climate and culturally and linguistically competent services.

Increase by 50% (over baseline established in statewide surveys) the proportion of local health departments and health clinics that have established culturally and linguistically appropriate competent community health promotion and disease prevention programs.

Increase by 50% (over baseline established in statewide surveys) the level of perceived social connectedness and cultural |

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	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Public relations experts for media campaigns and local community leaders for social marketing. Volunteers for statewide and local committees or advisory groups. Legislative study committee, advocates, and lobbyists. Allocation of funds for statewide surveys, pilot programs and evaluation of local programs and state plan objectives.		Businesses Health care providers Department of Tourism Faith communities and religious organizations Local health departments Great Lakes Inter-Tribal Council and Health Directors Institutions of Higher Education Primary and secondary school faculty and administration Maternal and Child Health Coalition Mental health agencies and organizations Hunger relief agencies	training, technical assistance, and enforcement of federal and state civil rights laws and CLAS standards to ensure cultural and linguistic competence in health settings that receive state and federal funds.	to measure perceived culturally and linguistically appropriate care in health service settings. The Wisconsin State Legislature and the public and private sector agencies will sponsor legislation and allocate funding for new and existing community-level efforts (with demonstrated results) targeted to fostering positive racial/ethnic relations in communities and improving cultural and linguistic competence in local health care and public service institutions.	competence in community and public service settings.

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Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	Not applicable.

Federal/National Baseline	Federal/National Sources and Year
33% of local health departments established culturally and linguistically competent educational and community-based programs. Target: 50%	National Profile of Local Health Departments, national Association of City and County Health Organizations (NACCHO) [cited in Healthy People 2010, January 2000, USDHHS].

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
7- Educational and Community-Based Programs	Increase the quality, availability, and effectiveness of educational and community based programs designed to prevent disease and improve health and quality of life.	7-11 7-11g	Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs for racial and ethnic minority populations.

Definitions	
Term	Definition
Social connectedness	The extent to which people engage in caring relationships, social support networks, and a sense of community.
Cultural competence* [*Note: two complementary definitions.]	Having the ability to function effectively as an individual and as an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Used by the Division of Public Health). A set of skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions and customs and to work with knowledgeable persons of and from a community (used by the Division of Supportive Living).

Definitions	
Term	**Definition**
Culturally and linguistically appropriate programs	A program is culturally and linguistically competent when the design, implementation, and evaluation process accounts for special issues and circumstances of select population groups (e.g., racial/ ethnic, gender, sexual orientation) as well as differing educational levels, physical abilities, or language abilities (e.g., ability to speak, read, and understand English).
Culture	Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups (Cross, et al., 1989).
Competence	Competence implies having the ability to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Cross, et al., 1989).

Rationale:

Research background:

Improving the health of Wisconsin residents demands that we address social and economic factors in the state public health plan. A prioritized focus on socioeconomic factors in public health is predicated on the assumption—validated by legitimate research—that health is a product not only of individual factors such as personal behaviors, but also of broader factors in society that influence health and well-being (Berkman and Kawachi, 2000; Evans, Barer, and Marmor, 1994; Marmot and Wilkinson, 1999; Wilkinson and Marmot, 1998). In addition to acknowledging the interconnectedness of health and social systems, proponents assert that individual health is influenced by the health of the larger society (Patrick and Wickizer, 1995; Wilkinson, 1996). In other words, individual health cannot be isolated from the public's health, and both individual and public health status are interdependent.

The emerging field of social epidemiology critically examines the social and institutional forces that impact the optimal health of all persons in society. Marked attention has been given to the links between social relationships and health. Specifically, research has examined how society and different forms of social organization influence health and well-being (Berkman and Glass, 2000). For example, individuals with strong supportive networks have added health benefits (Cohen, Doyle, and Skoner, 1997; Kawachi et al., 1996). Also, racism and other forms of social discrimination are noted as significant factors determining health status (APHA, 2001; Jones, 2000; Krieger, 1998; Krieger, et al. 1993; Williams, 1999). Moreover, cultural and linguistic competence, which have been declared in civil rights laws and reinforced in best practice guidelines for health and service institutions, are supported as promising strategies to ensure equitable access to healthcare services for all clients (Brach and Fraser, 2000; Denboba et al., 1995).

Social Connectedness, Cultural Competence and Health:

Drawing from social epidemiological research, we have selected two concepts: (a) social connectedness and (b) cultural competence to address in our state plan. Much of the rationale for addressing these areas stems from findings in public health and social science research that have demonstrated the significant impact of social and cultural factors on individual and public health (Berkman and Kawachi, 2000; Brach and Fraser, 2000; Kleinman, Eisenberg, and Good, 1978). We have chosen to focus on these areas not as abstract principles of equity and social justice, but, rather, as

legitimate and measurable factors that are linked to outcomes in both individual and public health. Overall, it is hoped that targeted interventions to improve social relations in Wisconsin communities and ensure cultural competence in health and social service institutions will complement and significantly enhance Wisconsin's efforts to improve the health of the overall public in all priority areas.

Social connectedness is defined as the extent to which people engage in caring relationships, social support networks, and a sense of community. It is a catch-all term that includes the notions of social capital (levels of interpersonal trust, civic participation, norms of reciprocity and mutual aid) and social cohesion (presence of strong bonds and absence of latent social conflict or inequality) (Berkman and Glass, 2000). Perceived racism and racial discrimination have received prioritized attention with respect to improving the social environment of communities across the United States (Jacksonville Community Council, 2000; National League of Cities) and eliminating health disparities (American Public Health Association, 2000). Accordingly, the above objective will focus on the racial climate in Wisconsin. We hold the assumption that improving the social environment, particularly as it relates to improving racial/ethnic relations, will help people feel valued and supported in more areas of their lives and contribute to health (Wilkinson and Marmot, 1998).

Cultural competence is commonly defined as a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. (Cross, Bazron, Dennis, and Isaacs, 1989). Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. Competence implies having the ability to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Cross, et al., 1989). Because of the accountabilities for cultural and linguistic competence established in federal civil rights laws and reinforced in national standards (Title VI Civil Rights Act of 1964; USDHHS CLAS Standards, 2000), it is prudent and timely to promote, and where applicable, enforce cultural competency in public health and social service settings in Wisconsin. Cultural competence is a measurable concept that allows us to monitor and evaluate access to care for diverse individuals and communities in Wisconsin.

Outcomes:
Short-term Outcome Objectives (2002-2004)
- The State of Wisconsin, in partnership with local communities, tribes, and health and social service systems, will design questions and conduct pilot surveys of perceived racial/ethnic climate and cultural and linguistic competence for inclusion on the current statewide Family Health and/or Behavioral Risk Factor Surveillance surveys.

- The Department of Health and Family Services, Affirmative Action/Civil Rights Compliance Office, partner agencies, and communities will promote organizational self-assessment surveys of cultural and linguistic competence in health and social service settings.

- The Department of Health and Family Services, Affirmative Action/Civil Rights Compliance Office, and partner agencies will provide ongoing education and training, technical assistance, and enforcement of federal and state civil rights laws and CLAS standards to ensure cultural and linguistic competence in health settings that receive state and federal funds.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Department of Health and Family Services, Centers for Disease Control and Prevention, and other state, federal, tribal, and local experts and community advisors to design and evaluate questions for statewide surveys on racial climate and cultural competence and establish methodology to ensure adequate sampling of the population—including racial/ethnic minority and limited English proficient populations.
- Allocations and grants from state, federal, or private sources to allow for review of existing survey instruments or design of new statewide survey instruments to monitor perceived social connectedness, racial/ethnic climate, and cultural competence.
- Administrative approval from the Department of Health and Family Services and the Bureau of Health Information to modify the Family Health Survey, Behavioral Risk Factor Surveillance Survey, or other statewide household surveys with recommended questions.
- Allocations and grants from state, federal, or private sources to implement and analyze at least one pilot statewide survey or at least three community-specific local surveys with recommended questions.
- Affirmative Action/Civil Rights Compliance Office staff and selected federal, tribal, state, and private expert consultants to provide training, technical assistance, and enforcement of culturally and linguistically appropriate standards and guidelines.
- Allocations and grants from state, federal, or private sources to conduct at least two cultural/linguistic competence trainings in each county.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Hold meetings with Department of Health and Family Services' Bureau of Health Information staff and a consultant panel of state, academic, and community representatives to develop questions for statewide surveys and conduct pilot.
- Conduct educational workshops and technical assistance regarding culturally and linguistically appropriate standards to health and human service providers such as hospitals, community primary care clinics, W-2 agencies, non-profit community service organizations, and businesses
- Conduct outreach to health and human service providers such as hospitals, community primary care clinics, W-2 agencies, non-profit community service organizations, and businesses to promote organizational self-assessment of cultural competence in these settings.

Medium-term Outcome Objectives (2005-2007)

- Conduct a public information campaign to educate high-level decisionmakers, community leaders, and the public about the benefits of a cohesive social environment, improved social relations and positive racial/ethnic climate on the improved health of communities.

- The Department of Health and Family Services' Bureau of Health Information, in partnership with the University of Wisconsin and local jurisdictions, will conduct and report results of a statewide baseline survey to measure perceived racial/ethnic climate in communities.

- The State of Wisconsin, in partnership with the Wisconsin Association of Primary Health Care and the Wisconsin Health and Hospital Association, will conduct and report results of a statewide

baseline survey to measure perceived culturally and linguistically appropriate care in health service settings.

- The Wisconsin State Legislature and public and private sector agencies will sponsor legislation and allocate funding for new and existing community-level efforts (with demonstrated results) targeted to fostering positive racial/ethnic relations in communities and improving cultural and linguistic competence in local health care and public service institutions.

> **Inputs:** *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*
> - Academic and professional staff and community-based resources to review research and disseminate information on social connectedness to policy makers; health and social service systems; civic, faith-based, and community-based organizations; and natural leaders from diverse and non-diverse communities.
> - Public relations experts for media campaigns and local community leaders for social marketing.
> - Local health departments, tribes, health organizations, and other community partners to complete organizational self-assessments and promote culturally competent workforce and services.
> - Allocations and grants from state, federal, or private sources for statistically valid sampling and survey analysis.
> - Allocations and grants from state, federal, or private sources for telephone and face-to-face survey interviewers (including bilingual and bicultural staff) to survey a representative statewide sample of community respondents.
> - Allocations and grants from state, federal, or private sources for interpretation and translation services.
> - Allocations and grants from state, federal, or private sources for community dialogues and local programs.
> - Legislative study committee, advocates, and lobbyists to effect supportive policy changes and funding allocations.
>
> **Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc)*
> - Conduct statewide surveys to monitor consumer perception of social connectedness in neighborhood settings and cultural competence in service settings at least every two years.
> - Monitor organizational self-assessments of cultural and linguistic competence.
> - Conduct neighborhood town meetings with diverse community groups to discuss and promote social connectedness.

Long-term Outcome Objectives (2008-2010)
- Ensure ongoing evaluation and dissemination of information on successful programs and interventions to improve racial/ethnic climate in communities and cultural and linguistic competence in public service settings.

- Ensure sustainable resources and funding for community initiatives that improve racial/ethnic climate and culturally and linguistically competent services.

- Increase by 50% (over baseline established in statewide surveys) the proportion of local health departments and health clinics that have established culturally and linguistically appropriate competent community health promotion and disease prevention programs.

- Increase by 50% (over baseline established in statewide surveys) the level of perceived social connectedness and cultural competence in community and public service settings.

> **Inputs:** *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*
> - A network of academic and professional staff and community-based resources to disseminate information on social connectedness to policy makers; health and social service systems; civic, faith-based, and community-based organizations; and natural leaders from diverse and non-diverse communities.
> - Public relations experts for media campaigns and local community leaders for social marketing.
> - Legislative study committee, advocates, and lobbyists to effect supportive policy changes and funding allocations.
>
> **Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)*
> - Publicize and support community strategies that have proven effective in improving racial/ethnic climate.
> - Sustain a persistent advocacy network to improve legislation and policies to enhance social connectedness and cultural and linguistically appropriate services.

Evaluation and Measurement:

Social connectedness and cultural and linguistic competence are documented, measurable concepts. Social connectedness is explored in academic literature and research, and cultural and linguistic competence are supported by civil rights laws and federal policy guidance and standards. The Center for Disease Control and Prevention has conducted a pilot survey of selected states to monitor perceived racial discrimination in health care. Lessons learned from this and similar analyses may help guide Wisconsin's efforts to measure perceived racial climate, cultural competence and social connectedness. One possibility for monitoring these social concepts is to incorporate standardized questions in the Family Health Survey and/or Behavioral Risk Factor Surveillance Survey. A baseline can then be established and progress towards goals can be monitored every two years.

Quantitative evaluation:
(a) Percentage increase or decrease in the level of perceived racial/ethnic climate and cultural/linguistic competence reported by respondents in statewide surveys.
(b) Percentage increase or decrease in cultural and linguistic competence criteria reported in voluntary organizational self-assessments.
(c) Number increase or decrease of civil rights complaints received by the Department of Health and Family Services' Office of Civil Rights and offices of civil rights in select municipalities.

Qualitative evaluation:
(a) Reports on forums on perceived social climate and cultural competency conducted in local communities with at least 4% racial/ethnic minorities.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

The issues addressed by the above objective are most closely related to the following subcommittees:

Access to Primary and Preventive Health Services: A culturally competent public health system can help to mitigate barriers created by cultural or spiritual differences, language barriers, difficulties navigating the health care system, or discrimination and improve access to health care.

Intentional and Unintentional Injuries and Violence: Improved social networks and social connectedness in a community may help to reduce acts of violence against neighbors and thereby improve neighborhood safety.

Community Health Improvement Processes and Plans: Community health improvement is enhanced when the social and physical environments are conducive to supporting healthy changes.

Sufficient, Competent Workforce: A quality workforce should competently serve the needs of diverse communities. Increased training, recruitment, and retention of underrepresented racial and ethnic health professionals may enhance culturally and linguistically competent health care and service to underserved communities.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Social connectedness and cultural/ linguistic competence are linked to the following essential services:

Educate the public about current and emerging health issues: Social epidemiology is an emerging field of public health science that provides valuable insights into critical economic and social issues that affect individual and community health.

Create policies and plans that support individual and community health efforts: Improved health is fostered by comprehensive approaches to individual and community health, including principles of social epidemiology that can provide insights into the relationship of the social environment to individual and community health and help shape interventions and policies.

Assure access to primary health care for all: Culturally and linguistically appropriate health care is responsive to the unique circumstances of diverse population groups, including populations from underserved racial/ethnic, gender, sexual orientation, disability, limited English proficient and other populations that encounter special challenges accessing health care.

Assure a diverse, adequate, and competent workforce to support the public health system: A quality healthcare workforce should competently serve the needs of diverse communities. Increased training, recruitment, and retention of underrepresented racial and ethnic health professionals enhances culturally and linguistically competent health care and service to underserved communities.

Foster the understanding and promotion of social and economic conditions that support good health: Social epidemiology can provide valuable insights into critical economic and social issues that affect individual and community health.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: There is a legal and social obligation to tailor prevention programs to the needs of diverse community members. Cultural competence helps to assure effective prevention programs for individuals and the general community.

Eliminate health disparities: Lack of culturally and linguistically competent health services is an underlying factor in health disparities, particularly as these disparities impact racial and ethnic minorities, limited English proficient populations, and other underserved groups.

Transform Wisconsin's public health system: Embracing the goal to strengthen inter-group connectedness and social relations in Wisconsin communities is a visionary and proactive stance towards large-scale transformation of communities for the benefit of individual and community health. Attention to promotion and enforcement of cultural and linguistic competence in health and public service settings fosters system-wide accountabilities to promote high quality care for diverse populations.

Key Interventions and/or Strategies Planned:

- Statewide surveys on racial/ethnic climate and cultural competence
- Enforcement of civil rights legislation and CLAS standards to ensure cultural and linguistic competence
- Public information campaign, training, and technical assistance
- Organization self-assessment of cultural and linguistic competence
- Community initiatives to address social/racial climate issues
- Legislative and private funding and evaluation of interventions to foster social cohesion and civic participation by diverse segments of communities

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